



State of Arizona  
Department of Education

Tom Horne  
Superintendent of  
Public Instruction

## MEMORANDUM

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DATE: May 11, 2009

**SPED 09-07**

TO: Superintendents and Charter Administrators  
Special Education Directors  
Title IV/Prevention Coordinators

FROM: Colette E. Chapman, Deputy Associate Superintendent  
Exceptional Student Services/Arizona Department of Education

Jean Ajamie, Director  
School Safety and Prevention

SUBJECT: Identified District and Charter Holder Contact for Az SAFE Project

This memorandum is written as a follow up to the November 1, 2007 and May 22, 2008 memoranda regarding changes to the year-end reporting requirements for the Safe and Drug Free Schools Report and the Special Education Discipline Report. These changes were identified as necessary for improving the collection of safety and disciplinary incident data. The project is called Arizona Safety Accountability for Education (Az SAFE). Az SAFE will replace the year-end reporting requirements for the above noted reports for the 2009-2010 school year.

To facilitate communication and updates on information related to the Az SAFE project, please identify one contact person per district or charter and complete the enclosed *Az SAFE Contact Information* form. Indicate whether your district or charter has selected to use a Student Management System (SMS) or Az SAFE On-line to record student incident and disciplinary data and fax the form to 602-364-1938 by May 29, 2009.

If you were unable to attend an Az SAFE Implementation Workshop or require more information, (i.e., a list of SMS vendors and timelines, the Az SAFE Implementation Manual or other supportive resources) please see our website at <http://www.ade.az.gov/sa/health/azsafe.asp>.

If you have any questions, contact Jean Ajamie at [Jean.ajamie@azed.gov](mailto:Jean.ajamie@azed.gov) or 602.542.8734.

Thank you in advance for your cooperation.



## Az SAFE Contact Information

Date: \_\_\_\_\_

1. District/Charter name: \_\_\_\_\_

2. Name of contact for Az SAFE Project: \_\_\_\_\_

3. E-mail address of contact: \_\_\_\_\_

4. Telephone of contact: \_\_\_\_\_

5. Mailing address:

\_\_\_\_\_  
\_\_\_\_\_

6. Will use in 2009/2010 school year (check one box):

Student Management System (SMS) ☐ Az SAFE On-line ☐

If SMS, vendor and product: \_\_\_\_\_

If SMS, data submission option (check one box):

Periodic submission during school year ☐ Year-end submission ☐

7. Printed name and title of person completing this form:

\_\_\_\_\_  
Name Title

8. Signature: \_\_\_\_\_

Please fax this information by **May 29, 2009** to: **(602) 364-1938**

**Thank you**